

# Psychiatric Residential Treatment Facilities: Serious Occurrence and Death Reporting

South Carolina Department of Health and Human Services

Division of Behavioral Health

2021

#### Disclaimer

Materials presented today are not comprehensive.
 This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet the medical necessity criteria for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.



#### **Purpose of the Orientation**

- To act as a guide for Psychiatric Residential Treatment Facilities (PRTF) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering PRTF services.
  - While this presentation is designed to enhance understanding of the Medicaid Standards regarding the Psychiatric Hospital Services Manual, all aspects and policy are not covered in this presentation. Please review the Psychiatric Hospital Services Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.



#### **Objectives**

At the completion of this presentation, providers will be able to:

- 1. Gain a better understanding of the structure, characteristics, polices and procedures regarding PRTFs.
- 2. Identify regulatory requirements for PRTFs.

### **Serious Occurrence Reporting**

- Serious occurrences that must be reported include a beneficiaries death, a serious injury to a resident, and a beneficiaries suicide attempt. A serious injury is defined as any significant impairment of the physical condition of the beneficiary as determined by qualified medical personnel. This includes but is not limited to burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.
- The facility must report each serious occurrence to both SCDHHS and the state designated Protection and Advocacy system and should also report such occurrences to the referring state agency.

- Staff must report any serious occurrence involving a beneficiary to both SCDHHS and the state designated Protection and Advocacy system no later than close of business the next business day after a serious occurrence.
- The report must include:
  - The name of the beneficiary involved in the serious occurrence;
  - A detailed description of the occurrence and the corrective action taken;
     and,
  - The name, street address, and telephone number of the facility.



- In the case of a minor, the facility must notify the beneficiaries parent(s) or legal guardian(s) as soon as possible, and in no case later than 24 hours after the serious occurrence.
- Staff must document in the beneficiaries record that the serious occurrence was reported to both SCDHHS and the state designated Protection and Advocacy system, including the name of the person to whom the incident was reported. A copy of the report must be maintained in the beneficiaries record, as well as in the incident and accident logs maintained by the facility.



For reporting purposes, the South Carolina designated
 Protection and Advocacy system contact information is:

Disability Rights of South Carolina

3710 Landmark Drive, Suite 208

Columbia, SC 29204

Toll Phone: (866) 275-7273

TTY: (866) 232-4525

Fax: (803) 790-1946



SCDHHS' contact information:

SCDHHS Division of Behavioral Health

**Attention: PRTF Serious Occurrences** 

Post Office Box 8206

Columbia, SC 29202-8206

Fax: (803) 255-8204



## **Serious Occurrence Reporting Form**

#### SERIOUS OCCURRENCE REPORT FAX FORM

TO: SCDHHS Division of Behavioral Health, Fax # 803.255.8204		
Name of Facility:		
Name of Reporting Staff:		
Facility Address:	Facility Telephone Number:	-xxx-xxxx
Identifying Data		
Resident Name:	Resident DOB:	
Resident Gender:   Male Female Other		MM/DD/YYYY
Please attach the Serious Occurrence report to this fa included with the Serious Occu		ng items <i>must</i> be
<ul> <li>Name of resident(s) involved in the serious occurrence each resident involved).</li> <li>Name, street address and telephone number of the facility.</li> <li>Date and time of the occurrence.</li> <li>Place of the occurrence.</li> <li>Staff present during occurrence.</li> <li>Names/Titles of staff notified of occurrence.</li> <li>Detailed description of the occurrence (include precipits or restraint was utilized, immediate actions taken, followed.)</li> </ul>	ity ating factors, identify	



#### **Reporting of Deaths**

- In addition to the reporting requirements contained in the above section, facilities must report deaths to SCDHHS' Division of Behavioral Health, and the Centers for Medicare & Medicaid Services (CMS) Regional Office, no later than close of business the next business day after a serious occurrence.
- Facilities should also report deaths to referring state agencies and parent/guardian within the same time frames.
   Staff must document in the beneficiaries record that the death was reported to the CMS Regional Office.
- Death reporting worksheets can be found in the Psychiatric Hospital Services Manual forms section.





